



Santa Rosa County Sheriff's Office

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Sheriff Bob Johnson



CITIZEN COMPLAINT

Please Print

Date and time of this complaint: October 23, 2017 Incident #: N/A

Reference Complaint #: SI #17-093 Deputy Taking Complaint Captain Stearns ID #: 537

Complainant: Leah First Mechelle Middle Lange Last

Address: _____
Street _____ City _____ State _____ Zip Code _____

Home Phone: N/A Work Phone: N/A Cell Phone: 850-686-4679

Date and time incident occurred: September 13, 2017

Location/Address of occurrence: 5755 E. Milton Rd. Milton, Florida 32572

Employee(s) involved in allegation(s): Sergeant Joshua Toole

Witness: _____
Name _____ Street Address _____ City/State _____ Home Phone _____ Work Phone _____

(List additional witnesses in narrative.)

Nature of Allegation(s): Complainant reported that while housed in the booking area, at the Santa Rosa County jail, she was grabbed and beat up by the Sergeant.

Actions Taken: No action required.

Final Clearance:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> | Exonerated | Proper conduct, An incident occurred as described, but the member was found not to be negligent or at fault. |
| <input type="checkbox"/> | Sustained | (Improper Conduct): The investigation revealed sufficient facts that the allegation(s) were found to be true. |
| <input checked="" type="checkbox"/> | Not Sustained | The investigation discloses insufficient evidence to clearly prove or disprove the allegation. |
| <input type="checkbox"/> | Unfounded | The investigation revealed sufficient facts to indicate that the incident did not occur. |
| <input type="checkbox"/> | Partially Sustained | The incident has two or more allegations, and at least one of the allegations is sustained. |
| <input type="checkbox"/> | Violation not based on original Complaint | Investigation discloses violation(s) not mentioned in the initial allegation. |

Complaint Notification of Findings:

Date: _____ By: _____

Comments: _____

Please check here if the complainant refuses to have personal contact by a deputy.

I do hereby affirm that the information provided by me is true and complete to the best of my knowledge and belief. I understand That any false, misleading or untrue statements, accusations of allegations, herein made by me, either orally or in writing, to any person(s) investigating this complaint, may subject me to civil and/or criminal liability under Florida State Statute 837.06, "Whoever knowingly makes false statement in writing with the intent to mislead a public servant in the performance of his official duty shall be guilty of a misdemeanor of the second degree punishable by a definite term of imprisonment not exceeding 60 days and a fine of \$500.00."

"Any person who is a participant in an internal investigation, including the complainant, the subject of the investigation, the investigator conducting the investigation and any witnesses in the investigation, who willfully disclose any information obtained pursuant to the agency's investigation, including, but not limited to the identity of the deputy under investigation, the nature of the questions asked, information revealed or documents furnished in connection with a confidential internal investigation or any agency before such complaint, document, action or proceeding becomes public record as provided in the section, commits a misdemeanor of the first degree, punishable as provided in F.S.S. 775.082 or F.S.S. 775.083." Florida State Statute 112.533 (Penalty: up to 1 year in jail and/or up to \$1000.00 fine)

I hereby acknowledge that I have read the preceding and understand its provisions.

Signed: _____

Sworn to and subscribed before me this _____ day of _____, 20_____

Witness: _____

(Per F.S.S. 117.10)